AIDS Education in Papua New Guinea Schools

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Abstract

Human sexuality is not a topic which is readily discussed in Papua New Guinea society. However, the arrival of the AIDS virus in the community has led to an increased commitment to face the issues involved. Interventions adopted by the education system are the inclusion of these topics into the curriculum, textbooks and examinations.

Evaluation of the materials and teaching methods which have arisen from the WHO/UNESCO School AIDS Education Project has shown that it is possible to increase students' knowledge about AIDS and to affect their attitudes and behaviour inclinations in a positive way.

Plans are now underway to introduce topics relating to human sexuality into the primary school curriculum.

Background

Most Papua New Guineans either ignore or try to avoid discussing sex and other related topics. This is because these topics are traditionally not for open discussion, especially in mixed company. They are considered to be both sensitive and personal. This attitude has created a barrier to the introduction of sex education into schools. However, with the arrival in the community of Acquired Immune Deficiency Syndrome (AIDS), has also come the realisation that it is time to start talking about human sexuality and sexually transmitted diseases. This realisation has been underscored by the fact that AIDS is a killer disease which has no cure and that education has been identified as the only tool we have with which to fight the epidemic.

It is of historical interest that topics related to sexuality were deleted from draft science materials produced for use at the upper primary level in Papua New Guinea schools in the late 1960s. Similar material was accepted for use at the

lower secondary level in the late 1970s, provided that permission was obtained from the school board of governors. The compulsory inclusion of this material in all lower secondary science courses was endorsed as recently as 1988.

AIDS education material for secondary schools was first produced by the Curriculum Unit of the Department of Education in 1985, making Papua New Guinea an international forerunner in this field. Since then the Departments of Health and Education have worked closely in developing materials for use both in schools and with women and youth.

It was a happy coincidence that Papua New Guinea was developing its own set of science textbooks at this time which were based on the series Fundamental Science by Anderton. Designed to support and supplement the secondary science course, the Papua New Guinea series is written for students for whom English is a second language, and draws upon Pacific examples, giving recognition and status to traditional knowledge. The textbook project presented another opportunity to deal with human reproduction, family planning and sexually transmitted diseases. The inclusion of such culturally sensitive issues relating to human sexuality is felt to be quite progressive and ranges from recognising the traditional use of medicinal plants in contraception to how to use a condom in safer sex.

A further opportunity to ensure that AIDS is taught in schools lies in the examination system. Clearly stated objectives not only allow teachers to achieve what is intended, but also allow examiners to effectively test whether the objectives have been achieved. Since examiners and curriculum developers recognise that the type of questions appearing in the exam will influence what a teacher actually teaches in subsequent years, questions on STDs and AIDS are likely to ensure that these topics are taught. This has proved to be a useful strategy in Papua New Guinea, which produces its own national examinations at the grade six, ten and twelve levels.

Papua New Guinea has also been involved in the WHO/UNESCO School AIDS Education in the Pacific Project. This project was intended to assist Pacific Island countries in establishing school AIDS education projects, in developing teaching and learning materials and in teacher training. Funding

for the project began in January 1989 and ended in December 1991. A regional workshop was organised for curriculum developers and sub-regional workshops for teacher trainers. This has resulted in the production of learning materials designed especially for the Pacific and the development of innovative teaching strategies.

As the project progressed, it became clear that there was a desire to evaluate it during its three-year life. Some people advised caution in this area, since it was felt that it was too soon to begin evaluating and that ultimately it is peoples' behaviour that matters and that this would eventually be shown in the incidence of STD rates, including AIDS. However, the need to evaluate remained and representatives from four countries in the region met to develop the instruments to be used. It would have been too difficult a task to evaluate the project in every country in the region and so Fiji and Papua New Guinea became the countries in which the evaluation was carried out.

Experimental and control groups were selected in all evaluation schools and a pre-test and post-test were administered to the students. Only the experimental group received the lessons on AIDS, while the control group continued to receive their normal lessons.

Effects of the AIDS lessons were gauged in terms of the comparative knowledge change, attitude, values and behaviour inclinations of the control and experimental groups at the post-test. These were measured through a test of knowledge and an attitude and perception questionnaire.

Separate questionnaires were also given to teachers and principals and to parents and community leaders.

Pre-test perceptions

The findings of Ibe (1992) and Kondo (1992) are summarised below and put in the context of Papua New Guinea.

The experimental and control groups did not differ in age and exposure to media nor in their sources of AIDS information.

HIV/AIDS were perceived as one of the three most serious diseases but fewer than half of the students admitted discussing AIDS and related topics with their immediate families.

The preferred methods of obtaining AIDS information were friends and schoolmates, followed by school and then newspapers and magazines. However, a large majority of the students thought that AIDS education should be taught in school.

Specially trained doctors and nurses were perceived as the best persons to care for AIDS patients by three-quarters of the students, while only one quarter felt that family members were the best people to provide this care.

The students considered religion an important factor in influencing their perceptions. This probably reflects the fact that a large number of Christian denominations are represented in Papua New Guinea and many people belong to one of these groups.

The Fiji sample had a higher initial knowledge of AIDS than the Papua New Guinea sample. In the initial test items, the Fiji sample showed more family orientation than the Papua New Guinea students. The difference could be due to the extent of media exposure. Fiji had higher self-rated frequency of exposure and more sources of AIDS information; Papua New Guinea rated higher on TV exposure and Fiji rated higher on school as an information source. The higher exposure to television is not surprising since Papua New Guinea has received Australian television broadcasts via satellite since the early 1980s and has had its own television broadcasts since 1986.

Post-test results

Significantly more students from the control group than the experimental group reported newspapers as sources of information about AIDS. There were no other significant differences in the way that they obtained information about AIDS.

A significantly higher percentage of the experimental group than the control group reported that they discussed what they had learned with their family, which would appear to indicate the effects of AIDS education. As a result of the lessons taught in class, the students may have felt less inhibited discussing these topics with family members. There were also slightly higher percentages from the experimental group who admitted discussing AIDS learning with their relatives and other friends, but the percentages are not significantly higher. A significantly higher percentage of the control group students admitted discussing AIDS information with their girlfriend or boyfriend. Since it is not unusual in Papua New Guinea for teenagers to have a boyfriend or girlfriend from the same grade within the school, then the lower percentage of experimental students who discussed this information with their girlfriend or boyfriend can probably be explained by the fact that the information was discussed in class anyway and so was available to both parties.

In the experimental group, the higher percentages who prefer school or teachers as a source of information can be taken as an effect of the introduction of AIDS lessons to this group. It implies the acceptance of discussing sensitive topics like AIDS in the school. The slightly higher percentage from the experimental group who prefer friends or schoolmates as a source of AIDS information also appears to indicate that the students in this group have fewer inhibitions to discuss AIDS information than students in the control group.

Knowledge of concepts in AIDS education was measured through a 27-item true-false test and 8 multiple-choice items. The multiple-choice test was given only at the post-test to avoid overly sensitising the students at the pre-test.

The mean scores of the control and experimental groups in the multiple-choice test did not differ significantly. However, in the true-false test, the experimental group scored significantly higher than the control group.

There were more frequent incidences of misconceptions in the control group. Higher percentages of the control group agreed that a person can catch AIDS by touching, kissing, eating, using utensils and using the clothes of a person who has AIDS. Higher percentages of the control group also considered that HIV and AIDS are the same thing, that a person can get AIDS by being bitten by a mosquito or other blood-sucking insect and that people who don't have

sexual intercourse will not catch HIV.

Positive effects of the AIDS lessons are indicated by significantly higher percentages from the experimental group who agreed that a person can have HIV and not have AIDS; that a person can be infected with HIV but not have any symptoms; and that a person can catch HIV by sharing needles and syringes with people who have AIDS.

Some interesting differences were observed in the two groups' answers to certain questions. For example, in response to the question, "Who do you think should take care of a person who has AIDS ?", there were significantly more students from the experimental group who said that the person's family should take care of him or her, whereas a higher percentage from the control group said hospital staff, doctors and nurses especially trained to care for AIDS patients should take care of a person who has AIDS. The percentage who said the community should take care of the person with AIDS was also higher in the experimental group than in the control group.

These answers appear to indicate that the experimental group developed a more compassionate attitude towards persons affected with AIDS, or realised the importance of the acceptance of such persons by their families and the community, whereas students in the control group considered the disease to be mainly needing medical attention. This position is supported by responses of the control group to other items in the questionnaire administered at the end of the experimental study.

Parents and Community leaders perceptions

Despite the apparent reluctance to talk about human sexuality in the family setting or in mixed company, three out of every four parents agreed that sexuality and AIDS topics should be taught in school.

About half of the parents and community leaders said the reason young people get into trouble is that they do not know enough about sex. The majority of parents admitted that sex was not openly discussed in the family, and that their children did not feel free to discuss sex at home. One of the reasons for this lack of communication is likely to be the parents' own lack of knowledge : parents admitted

not knowing much about such topics as safer sex, STDs and AIDS.

Although parents reported the same sources of AIDS information as those reported by the students, parents had less knowledge about AIDS than their children. They showed higher percentages of "uncertain" and "unsure" responses. When asked who should provide the required education, parents singled out doctors and health workers as the best persons to teach topics like STDs and AIDS. Again, this may be because AIDS is seen mainly as a medical problem.

Principals and Teachers

The principals and teachers had favourable attitudes towards AIDS education. All responded that sex education and AIDS education should be introduced into schools.

The samples of principals and teachers were not large enough to warrant a comparison with the student and parent samples. However, it is clear that all four groups had favourable attitudes.

Conclusions

The AIDS education materials and teaching methods used in the trial schools appear to be effective. They resulted in a change in the knowledge of students about AIDS, in their attitudes towards AIDS, and in their behaviour inclinations. In particular :

Students who were given the lessons had higher knowledge scores than those who were not.

The experimental group felt more compassion and empathy towards AIDS victims, and were more family-oriented than the control group.

Students in the experimental group have fewer inhibitions about discussing sex-related topics than the control group, and are less likely to consider abortion as a solution to unwanted pregancy.

The classes in which the AIDS lessons were taught were also reported as being

livelier, more verbally interactive and problem-aware than the control classes.

Although the effects of AIDS lessons in Papua New Guinea and Fiji were similar, the effects on the Papua New Guinea sample were greater and more significant. This is due to the Fiji sample's higher initial knowledge and greater exposure to AIDS information at the start of the evaluation.

Future directions

The effectiveness of the AIDS education materials and teaching methods in Papua New Guinea and Fiji further supports the case for their adaptation and adoption or continued use in other Pacific Island countries.

As well as continuing to strengthen the implementation of AIDS education at the secondary level, it is pertinent to begin to consider the possibility of extending these activities to the primary level. This need is already apparent in Papua New Guinea where research carried out by Van der Meijden (1991) amongst Community School students and their teachers in the Eastern Highlands Province indicates that significant numbers of young people are becoming sexually active while still at primary school.

Primary school education about sexuality will be easier to achieve now that Papua New Guinea has adopted an official population policy. In previous years, the absence of such a policy, together with traditional family values and church beliefs, made the production of appropriate materials difficult.

In a climate of widespread occurrence of sexually transmitted diseases, including AIDS, and with an increasing population, the Board of Studies (which approves all curricula) has recommended that sex education should now be included in the curriculum at the upper primary level. This recommendation also has the support of the Churches Education Council. Churches do however emphasise that it is essential that sex education takes place in the context of family life and community life education.

In order to achieve this objective, several activities have been initiated. These include the development of a video programme, student readers on AIDS and a wide ranging Family Life Project which has been approved for funding by

the United Nations Family Planning Association. According to Villacorta (1992), further student materials and an integrated curriculum package for use in science, language, community life, health and other subjects will be included in this latter project.

Introducing education about STDs /AIDS into primary schools raises a number of important practical considerations. It is important that the teacher is able to talk about human sexuality in a comfortable way without communicating feelings of shame and embarrassment. Other qualities that are needed are sensitivity and maturity to create an environment in which the topics can be dealt with in a frank and open way. Although some people may be offended by such openness, it is not the intention to cause offence. Early sexual experience which leads to unwanted pregnancy, the high incidence of sexually transmitted diseases and even death are clearly more important issues than the risk of upsetting peoples' sensitivities.

Teachers must also have the required knowledge about human reproduction, family planning and sexually transmitted diseases; however, it is not enough to simply tell young people the facts. We also need to develop the values and attitudes that will lead to safe behaviour. This education should not be seen as encouraging sexual experimentation and promiscuity, but rather as a way of getting young people to lead responsible sexual lives and avoid high risk behaviour. Just as the the use of seat-belts does not appear to encourage reckless driving, so the use of condoms need not encourage unbridled sex.

Students in grades one to six in primary schools represent about 75 % of all young people in that age group; the proposed re-structure of the education system will increase the length of primary education to nine years, increase access to education and also address the attrition rate. Given that all young people reach puberty at this age and that most parents do not talk to their own children about sexuality, primary school teachers are presented with a unique opportunity and responsibility which cannot be ignored.

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